

TO: Scheduling Unit, Administrative Hearings Office
P. O. Box 6400
1220 South St. Francis Drive
Santa Fe, NM 87502
Phone: (505) 827-0358
FAX: (505) 827-0500

DATE:

FROM:

Driver's Name:
Driver's License Number:
Citation Number:
Hearing Date:

REQUEST FOR CONTINUANCE

I am requesting a continuance in the matter listed above. I understand that a continuance may only be granted by order of the Administrative Hearings Office. Under the applicable regulation, I also understand that the request must be received at least three (3) working days prior to the hearing and that good cause must exist before the continuance is granted. If the request is received less than three (3) working days before the hearing, then I understand that the grounds for receiving a continuance must be extraordinary, unforeseen circumstances unknown before the time of the request. NO CONTINUANCE SHALL BE GRANTED IF THERE ARE LESS THAN TEN (10) DAYS PRIOR TO THE 90TH DAY.

Good Cause:

- training from _____ to _____;
- vacation plans; or
- other

Extraordinary Circumstances:

- an emergency, specifically
-
-

Name
Officer, Driver or Attorney
Address
FAX number/ telephone number